



# New Choices -READY. SET. ENROLL!


OPEN ENROLLMENT:  
OCT. 15 - NOV. 3, 2025

## 2025 Current Insurance Plans

Aetna Concierge Group #109718 866-253-0599	 Choice Share	 Open Access Select	Basic Essential	CDHP + HRA
Deductible	\$500	\$0	\$2,300	\$1,500
Coinsurance	20%	\$0	30%	20%
Out of Pocket Maximum	\$5,000	\$5,000	\$8,550	\$5,000
Inpatient Copay	600 copay per day; up to 6-day maximum	600 copay per day; up to 6-day maximum	DED+ 30%	DED+ 20%
Outpatient Copay	DED+20%	\$500	DED+ 30%	DED+ 20%
Emergency Room Copay	DED+20%	\$500	DED+ 30%	DED+ 20%
Primary Care Physician Copay (PCP)	DED+20%	\$35	\$50	DED+ 20%
Specialist Copay (SPC)	DED+20%	\$60	DED+ 30%	DED+ 20%
Urgent Care Copay	DED+20%	\$60	DED+ 30%	DED+ 20%
Pharmacy Copays - Up to 30-Day Supply:				
Generic	\$15 copay, no Rx Deductible	\$15 copay, no Rx Deductible	\$15 copay, no Rx Deductible	\$15 copay, no Rx Deductible
Preferred Brand	\$60 copay, no Rx Deductible	\$60 copay, no Rx Deductible	\$60 copay, no Rx Deductible	\$60 copay, no Rx Deductible
Non-preferred Brand	\$90 copay, after Rx Deductible	\$90 copay, after Rx Deductible	\$90 copay, no Rx Deductible	\$90 copay, after Rx Deductible
Weight Loss GLP-1	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance
Specialty - PrudentRX	30% coinsurance, \$0 if enrolled	30% coinsurance, \$0 if enrolled	30% coinsurance, \$0 if enrolled	30% coinsurance, \$0 if enrolled

In 2026, the Select and Choice will be combined with a deductible. The deductible will not apply to copays for primary and specialist visits, virtual or urgent care, and preventive care will continue to be covered at 100%. The Basic and CDHP plans remain unchanged. Weight loss exclusions will apply to all plans.

## 2026 Health Insurance Plans

Aetna Concierge Group #109718 866-253-0599	 Select Choice	Basic Essential	CDHP + HRA
Deductible	\$500	\$2,300	\$1,500
Coinsurance	20%	30%	20%
Out of Pocket Maximum	\$5,000	\$8,550	\$5,000
Inpatient Copay	600 copay per day; up to 6-day maximum	DED+ 30%	DED+ 20%
Outpatient Copay	DED+20%	DED+ 30%	DED+ 20%
Emergency Room Copay	DED+20%	DED+ 30%	DED+ 20%
Primary Care Physician Copay (PCP)	\$25	\$50	DED+ 20%
Specialist Copay (SPC)	\$50	DED+ 30%	DED+ 20%
Urgent Care Copay	\$25	DED+ 30%	DED+ 20%
Pharmacy Copays - Up to 30-Day Supply:			
Generic	\$15 copay, no Rx Deductible	\$15 copay, no Rx Deductible	\$15 copay, no Rx Deductible
Preferred Brand	\$60 copay, no Rx Deductible	\$60 copay, no Rx Deductible	\$60 copay, no Rx Deductible
Non-preferred Brand	\$90 copay, after Rx Deductible	\$90 copay, no Rx Deductible	\$90 copay, after Rx Deductible
Weight Loss GLP-1	Excluded	Excluded	Excluded
Specialty - PrudentRX	30% coinsurance, \$0 if enrolled	30% coinsurance, \$0 if enrolled	30% coinsurance, \$0 if enrolled

*\*Plan changes and health plan rates are subject to board approval and union ratification.*